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**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\*\* *NO*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NO*

IF REQUIRED, FOREIGN FILING LICENSE  
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Examiner's Signature <i>[Signature]</i>		Initials <i>[Initials]</i>			

**ADDRESS**

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**TITLE**

Method of aging compensation in an OLED display

<b>FILING FEE RECEIVED</b> 842	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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